



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

EDWARD F WOLSKI MD
WOL+MED
2436 I-35 EAST SOUTH SUITE 336
DENTON TX 76205

Respondent Name

PENNSYLVANIA MANUFACTURERS ASSOC

Carrier's Austin Representative Box

Box Number 48

MFDR Tracking Number

M4-06-5952-01

MFDR Date Received

MAY 16, 2006

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Dates of service 5/17, 5/27, 5/31, 6/1, 6/2, 6/3 and 6/14/05 all paid but paid incorrectly using a network discount. When these claims were submitted for reconsideration with the proper documentation showing that we were not in network, the carrier then denied these claims stating 'provider name is missing'. The provider name is present on all of the submitted HCFA's...It is out position that the carrier has denial all of these claims incorrectly. There is no consistency in their denials and/or payments. Some of the claims for work hardening have been paid, some have not. Some of the claims denied for no pre-authorization while some denied with peer review which we never received."

Amount in Dispute: \$3,241.43

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a response to request for medical fee dispute resolution.

SUMMARY OF FINDINGS

This Table reflects services denied based upon reason code 03326:

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 17, 2005	Office Visit - CPT Code 99214	\$9.74	\$9.74
May 31, 2005	Office Visit - CPT Code 99213	\$6.19	\$6.18
May 31, 2005	Work Status Report - CPT Code 99080-73	\$1.50	\$1.50
May 31, 2005 June 2, 2005 June 3, 2005 June 14, 2005	Work Hardening - CPT Code 97545-WH-CA (2 Hours)	\$12.80/day X 4 = \$51.20	\$51.20
May 27, 2005 June 1, 2005	Work Hardening - CPT Code 97546-WH-CA (1 Hours)	\$6.40/day X 2 = \$12.80	\$12.80

May 31, 2005 June 3, 2005	Work Hardening - CPT Code 97546-WH-CA (2 Hours)	\$12.80/day X 2 = \$25.60	\$25.60
June 2, 2005	Work Hardening - CPT Code 97546-WH-CA (2.15 Hours)	\$14.40	\$14.40
TOTAL		\$121.43	\$121.42

These services were denied based upon reason codes "01952 and 04654":

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 23, 2005 May 24, 2005 May 26, 2005 June 15, 2005 June 16, 2005 June 17, 2005	Work Hardening - CPT Code 97545-WH-CA (2 Hours X 6 dates = 12 Hours)	\$128.00/day	\$768.00
May 23, 2005 May 24, 2005 June 15, 2005	Work Hardening - CPT Code 97546-WH-CA (2 Hours X 3 dates = 6 Hours)	\$128.00/day	\$384.00
May 26, 2005	Work Hardening - CPT Code 97546-WH-CA (2.5 Hours)	\$144.00	\$144.00
June 16, 2005	Work Hardening - CPT Code 97546-WH-CA (4.25 Hours)	\$272.00	\$272.00
June 17, 2005	Work Hardening - CPT Code 97546-WH-CA (6 Hours)	\$384.00	\$384.00
TOTAL	(30.5 Hours)	\$1,952.00	\$1,952.00

These services were denied based upon reason code "01950":

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 7, 2005 June 8, 2005 June 9, 2005 June 10, 2005	Work Hardening - CPT Code 97545-WH-CA (2 Hours X 4 dates = 8 Hours)	\$128.00/day	\$512.00
June 7, 2005 June 10, 2005	Work Hardening - CPT Code 97546-WH-CA (2 Hours X 2 dates = 4 Hours)	\$128.00/day	\$256.00
June 8, 2005	Work Hardening - CPT Code 97546-WH-CA (4 Hours)	\$256.00	\$256.00
June 9, 2005	Work Hardening - CPT Code 97546-WH-CA (2.25 Hours)	\$144.00	\$144.00
TOTAL	(18.25 Hours)	\$1,168.00	\$1,168.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.202, effective August 1, 2003, sets the reimbursement guidelines for the

disputed services.

3. Texas Labor Code §413.011(d-3) states that the division may request copies of each contract.
4. 28 Texas Administrative Code §133.301, effective July 15, 2000, sets out the provisions for the insurance carriers to retrospective review medical bills.
5. 28 Texas Administrative Code §129.5, effective July 16, 2000, sets out the procedure for reporting and billing work status reports.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 03326-Negotiated Contract Price
- 01952-Preauthorization required but not requested
- 04654-Preauthorization requested but denied
- 01950-Unnecessary treatment (with peer review)

Issues

1. Does the submitted documentation support a contractual agreement issue exist in this dispute?
2. Does a preauthorization issue exist in this dispute?
3. Does a medical necessity issue exist in this dispute?
4. Is the requestor entitled to additional reimbursement for CPT code 99214?
5. Is the requestor entitled to additional reimbursement for CPT code 99213?
6. Is the requestor entitled to additional reimbursement for CPT code 99080-73?
7. Is the requestor entitled to additional reimbursement for the work hardening program?

Findings

1. According to the explanation of benefits, the services in dispute were paid using a contracted fee arrangement. Texas Labor Code §413.011(d-3) states that the division may request copies of each contract under which fee are being paid, and goes on to state that the insurance carrier may be required to pay fees in accordance with the division's fee guidelines if the contract is not provided in a timely manner to the division. On August 27, 2012 the division requested a copy of the contract between the network and the health care provider. The carrier failed to provide a copy of the requested documentation. For that reason, the disputes health care will be reviewed in accordance with applicable Division rules and guidelines.
2. According to the explanation of benefits, the respondent denied reimbursement for the work hardening program based upon reason codes "01952 and 04654."

On August 20, 2004, the respondent's representative, GENEX, approved 20 visits of work hardening to start on August 17, 2004 and end on October 20, 2004.

The requestor noted that the work hardening program was delayed because they were unable to contact the injured worker until December 6, 2004.

A review of the explanation of benefits finds that the respondent paid for some of the work hardening program starting May 27 through June 14, 2005. The respondent did not submit documentation to support the inconsistent reimbursement of paying for some dates and not others. Because the respondent's issued payment for some of the dates, the Division concludes that a preauthorization issue does not exist.

3. According to the explanation of benefits, the respondent denied reimbursement for the work hardening program based upon reason code "01950."

28 Texas Administrative Code §133.301(a) states "The insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under Chapter 134 of this title."

The requestor obtained preauthorization on August 20, 2004 for 20 visits of work hardening; therefore, the respondent's denial based upon medical necessity is not supported.

4. 28 Texas Administrative Code §134.202(b) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and

reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section.

28 Texas Administrative Code §134.202 (c) states "To determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: (1) for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%. For Anesthesiology services, the same conversion factor shall be used."

On May 17, 2005, the requestor billed for an office visit coded 99214.

The Medicare allowable for CPT code 99214 in Denton County is \$77.92. Per 28 Texas Administrative Code §134.202(c)(1) this amount is multiplied by 125% equals a MAR of \$97.40. The difference between the MAR and amount paid is \$9.74. As a result, the amount ordered is \$9.74.

5. On May 31, 2005, the requestor billed for an office visit coded 99213.

The Medicare allowable for CPT code 99213 in Denton County is \$49.51. Per 28 Texas Administrative Code §134.202(c)(1) this amount is multiplied by 125% equals a MAR of \$61.88. The difference between the MAR and amount paid is \$6.18. As a result, the amount ordered is \$6.18.

6. On May 31, 2005, the requestor billed for a work status report coded 99080-73.

28 Texas Administrative Code §129.5(i)(1) states "Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be \$15. A doctor shall not bill in excess of \$15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section. Doctors are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors billing for Work Status Reports as permitted by this section shall do so as follows: (1) CPT code "99080" with modifier "73" shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section."

The requestor billed \$15.00 for code 99080-73. The respondent paid \$13.50. As a result, reimbursement of \$1.50 is recommended.

7. 28 Texas Administrative Code §134.202 (e)(5)(A) states "Return To Work Rehabilitation Programs. The following shall be applied for billing and reimbursement of Work Conditioning/General Occupational Rehabilitation Programs, Work Hardening/Comprehensive Occupational Rehabilitation Programs, Chronic Pain Management/Interdisciplinary Pain Rehabilitation Programs, and Outpatient Medical Rehabilitation Programs. To qualify as a commission Return to Work Rehabilitation Program, a program should meet the "Specific Program Standards" for the program as listed in the most recent Commission on Accreditation of Rehabilitation Facilities (CARF) Medical Rehabilitation Standards Manual. Section 1 standards regarding Organizational Leadership, Management and Quality apply only to CARF accredited programs. (A) Accreditation by the CARF is recommended, but not required. (i) If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100% of the MAR."

28 Texas Administrative Code §134.202 (e)(5) (C) states "Work Hardening/Comprehensive Occupational Rehabilitation Programs (for commission purposes, Comprehensive Occupational Rehabilitation Programs, as defined in the CARF manual, are considered Work Hardening.) (i) The first two hours of each session shall be billed and reimbursed as one unit, using the "Work hardening/conditioning; initial 2 hours" CPT code with modifier "WH." Each additional hour shall be billed using the "Work hardening/conditioning; each additional hour" CPT code with modifier "WH." CARF accredited Programs shall add "CA" as a second modifier. (ii) Reimbursement shall be \$64.00 per hour. Units of less than 1 hour shall be prorated by 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to 8 minutes and less than 23 minutes.

- The Division finds that the requestor billed CPT code 97545-WH-CA on 5/31, 6/2, 6/3 and 6/14/05 for a total of 8 hours. Therefore, per 28 Texas Administrative Code §134.204(e)(5)(C), the MAR for a CARF accredited program is \$64.00 per hour x eight (8) hours = \$512.00. The insurance carrier paid \$460.80. Therefore, the difference between the MAR and amount paid is \$51.20. This amount is recommended for reimbursement.

- The Division finds that the requestor billed CPT code 97546-WH-CA on 5/27 and 6/1/05 for a total of 2 hours. Therefore, per 28 Texas Administrative Code §134.204(e)(5)(C), the MAR for a CARF accredited program is \$64.00 per hour x two (2) hours = \$128.00. The insurance carrier paid \$115.20. Therefore, the difference between the MAR and amount paid is \$12.80. This amount is recommended for reimbursement.
- The Division finds that the requestor billed CPT code 97546-WH-CA on 5/31 and 6/3/05 for a total of 4 hours. Therefore, per 28 Texas Administrative Code §134.204(e)(5)(C), the MAR for a CARF accredited program is \$64.00 per hour x four (4) hours = \$256.00. The insurance carrier paid \$230.40. Therefore, the difference between the MAR and amount paid is \$25.60. This amount is recommended for reimbursement.
- The Division finds that the requestor billed CPT code 97546-WH-CA on 6/2/05 for a total of 2.15 hours. Therefore, per 28 Texas Administrative Code §134.204(e)(5)(C), the MAR for a CARF accredited program is \$64.00 per hour x two and a quarter (2.25) hours = \$144.00. The insurance carrier paid \$129.60. Therefore, the difference between the MAR and amount paid is \$14.40. This amount is recommended for reimbursement.
- The Division finds that the requestor billed CPT codes 97545-WH-CA and 97546-WH-CA on 5/23, 5/24, 5/26, 6/15, 6/16/05 for a total of 30.5 hours. Therefore, per 28 Texas Administrative Code §134.204(e)(5)(C), the MAR for a CARF accredited program is \$64.00 per hour x 30.5 hours = \$1,952.00. The insurance carrier paid \$0.00. Therefore, the difference between the MAR and amount paid is \$1,952.00. This amount is recommended for reimbursement.
- The Division finds that the requestor billed CPT codes 97545-WH-CA and 97546-WH-CA on 6/7, 6/8, 6/9, and, 6/10/05 for a total of 18.25 hours. Therefore, per 28 Texas Administrative Code §134.204(e)(5)(C), the MAR for a CARF accredited program is \$64.00 per hour x 30.5 hours = \$1168.00. The insurance carrier paid \$0.00. Therefore, the difference between the MAR and amount paid is \$1,952.00. This amount is recommended for reimbursement.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does support the reimbursement amount sought by the requestor. The Division concludes that the requestor supported its position that additional reimbursement is due. As a result, the amount ordered is \$3,241.42.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$3,241.42 plus applicable accrued interest per 28 Texas Administrative Code §134.803 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

07/08/2013

Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.